FORM D SEC Mail Processing Section

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

OMB APPROVAL
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Washington as

AFR 29 ZUUD

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY							
Prefix		Serial					
DA	E RECEIVED						
	1						

	s is an amendment and nar		ndicate change.)		
Filing Under (Check box(es) that app Type of Filing: New Filing	ly): Rule 504	Rule 505 Rule	506 Section 4(6)	ULOE	
	A. B	ASIC IDENTIFICA	TION DATA		
1. Enter the information requested	about the issuer		,		
Name of Issuer ( check if this is COURKE IN	•		cate change.)		08049116
Address of Executive Offices  500 WASHINGTON ST.	(N	umber and Street, Cit		Telephone Nur	mber (Including Area Code) 3. 328
Address of Principal Business Operat (if different from Executive Offices)		Number and Street, C		Telephone Nu	imber (Including Area Code)
Drief Description of Designer					PROCESSED
Brief Description of Business IRC 1031 EXCHANG AS REPLACEMENT		9 COURTE	. DRIVE	E	MAY 0 5 2008
Type of Business Organization corporation business trust		ip, already formed ip, to be formed	other (p		OMSON REUTERS
GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an	CN for Canad	a; FN for other foreig	n jurisdiction)	5e	CFR 230.501 et seq. or 15 U.S.C.
77d(6).  When To File: A notice must be file, and Exchange Commission (SEC) on which it is due, on the date it was many	the earlier of the date it is	received by the SEC	at the address given b		
Where To File: U.S. Securities and I	Exchange Commission, 45	0 Fifth Street, N.W.,	Washington, D.C. 20	549.	
Copies Required: Five (5) copies of photocopies of the manually signed c			hich must be manuall	y signed. Any cop	ries not manually signed must be
Information Required: A new filing thereto, the information requested in F not be filed with the SEC.					
Filing Fee: There is no federal filing	, fee.				
State: This notice shall be used to indicate ULOE and that have adopted this fo are to be, or have been made. If a s accompany this form. This notice s this notice and must be completed.	rm. Issuers relying on Ultate requires the payment	LOE must file a sepa of a fee as a precond	rate notice with the S lition to the claim fo	Securities Administry the exemption, a	strator in each state where sales a fee in the proper amount shall
	<u>.</u>	ATTENTIOI			
Failure to file notice in the a appropriate federal notice will filing of a federal notice.	ppropriate states will Il not result in a loss (	not result in a los	s of the federal ex	xemption. Conv ss such exemp	versely, failure to file the tion is predictated on the

		A. BASIC ID	ENTIFICATION DATA		
<ul><li>Each beneficial ow</li><li>Each executive off</li></ul>	he issuer, if the is ner having the pow icer and director o	suer has been organized ver to vote or dispose, or di	vithin the past five years; freet the vote or disposition corporate general and ma		f a class of equity securities of the issue partnership issuers; and
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
THEFE, MI Full Name (Last name first, i 500 WKSHINE Business or Residence Addre	f individual)  TON ST., ss (Number and	SUITE 450, Street, City, State, Zip C	SMI FRAN CIS	560, CA 9	4111
Check Box(cs) that Apply:  MCHUGH R	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i  SOO WASHINE Business or Residence Addre	f individual)	SUITE 450, Street, City, State, Zip C	SAN FRANCIS	co, CA 9.	4111
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i 500 WASHINE Business or Residence Addre			SM FRANC	cisco, ci	A 94111
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)			<del></del>	
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)		1 1, 101, 100, 100, 100, 100, 100, 100,		
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)			<del></del>	
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner .
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		
	(Use bla	nk sheet, or copy and use	additional copies of this s	heet, as necessary	)

					B. I.	NFORMATI	ON ABOU	r offerii	NG				
1	Has the	issuer sold	or does th	ne issuer ir	itend to sel	II to non-a	ccredited in	vestors in	this offeri	no?		Yes	No
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.									***************************************		123	
2.	2. What is the minimum investment that will be accepted from any individual?											\$	<del></del>
•	2. Do not be official accomplished accompanying of a simple wait?											Yes	No
	3. Does the offering permit joint ownership of a single unit?												X
<b>T.</b>	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
			first, if indi	vidual)									
Bus	LUCF	Residence	Address (N	umber and	Street, Ci	tv. State. Z	in Code)					_ <del>-</del>	
			T., ST					9460	7				
Nar	nc of Ass	ociated Br	oker or De	aler			<del></del>						
			Listed Has										·-· - · · · · · · · · · · · · · · · · ·
Sta			" or check		+							□ A1	l States
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	RI	SC	SD	TN	TX	UT	VT	VA.	WA	WV	WI	WY	PR
	151 0		e										
	•		first, if indi		KD.								
Bus	siness or	Residence	Address (1	lumber an	d Street, C							<u> </u>	
	750	BATT	ERY S	ST., ST	E. 50	0, SAA	JFRA	NCISC	.O , CA	941	!		<del>.</del>
Nar			oker or Dea	•	I CH <del>A</del>	P							
Sta			Listed Has				Purchasers	<del></del>					
	(Check	"All States	" or check	individual	States)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				☐ Al	l States
	ĀL	AK	ΑZ	AR	<b>S</b>	CO	CT	DE	DC	FL	GA	HI	ID
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	RI	SC	[SD]	TN	TX]	UT	[VT]	VA	WA	WV	WI]	WY)	PR
			first, if indi										
Bus	Siness or	Residence	Address (?	Vumber an	d Street, C	ity, State, 2	Zip Code)						
	100	PINE	STIZ	EET,	SUITE	247	LO, SA	N TR	MICI	sco, 0	A 941	Ц	
Nar	ne of Ass	ociated Br	oker or De	aler	, , ,		,						
Sta	DMZ tes in Wh	ノ CON ich Person	じいして Listed Has	Solicited	or Intends	• to Solicit 1	Purchasers		<u> </u>				
~ 14			" or check						••••••			☐ Al	l States
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		IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	(MS)	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	$\nabla T$	VA	WA	WV	WI	WY	PR

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

t.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$6,050,000.00	\$6.050.000.00
	Equity	•	*
	Common Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests		
	Other (Specify)		
	Total	s <del>0.00</del> ·	\$ <del>0.00 -</del>
	Total	10,350,000.00	10,350,000.00
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	8	\$ 10,350,000.0
	Non-accredited Investors		s
	Total (for filings under Rule 504 only)		
	Answer also in Appendix, Column 4, if filing under ULOE.		
3_	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		Dollar Amount
	Type of Offering	Type of Security	Sold
	Rule 505		\$
	Regulation A		<b>\$</b>
	Rule 504		\$
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		<b>\$</b>
	Printing and Engraving Costs		\$
	Legal Fees		s 4,350.00
	Accounting Fees		\$
	Engineering Fees	_	s 18,600.00
	Sales Commissions (specify finders' fees separately)	_	s 42,755.50
	Other Expenses (identify) INCLUDES ACQUISITION FEES OF \$ 138, 425, 40, LO	mires d	s 243, 473. So
	Total OF \$70,871,75 AND OTHER EXPENSES OF \$34,476,75		ş <del>-0.00-</del>
		J	309 479 00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		10,040,521.00 s
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		. □\$
	Purchase of real estate	] <b>\$</b>	□\$ <u>9,275,000</u> .6
	Purchase, rental or leasing and installation of machinery and equipment		. []\$
	Construction or leasing of plant buildings and facilities		. 🗆 \$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	]\$	. 🗆 \$
	Repayment of indebtedness	] <b>\$</b>	. 🗆 \$
	Working capital		□\$ <u>765,521.</u> 00
	Other (specify):		
		s	
	Column Totals	\$ <u></u> \$	s <u>-0.00-</u>
	Total Payments Listed (column totals added)	□ s <u>_0</u> .	S 400- 10, 040, 521.
	D. FEDERAL SIGNATURE		
ign	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commis information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of R	sion, upon writte	
ssu	er (Print or Type) Signature	Date	<del></del>
	URAGE INDUSTRIAL 2, LLC	4.2	3.08
	ne of Signer (Print or Type)  Title of Signer (Print or Type)		
	THEL JAEGER / ROBERT MCHWGH MEMBER - MANAGER		

# ATTENTION -

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification	Yes	No
	provisions of such rule?		X

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	1	Date
COURTE INDUSTRIAL 1, LLC	All	121	4.23.08
Name (Print or Type)	(itle (Print or Type)	<del></del>	
MICHAEL TREGER / ROBERT MICHIGH	MEMBER -	MANAGER	

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

### **APPENDIX** 4 1 2 3 Disqualification under State ULOE Type of security (if yes, attach Intend to sell and aggregate offering price Type of investor and explanation of to non-accredited offered in state waiver granted) amount purchased in State investors in State (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) Number of Number of Non-Accredited Accredited State Yes No Investors Amount Investors Amount Yes No ALΑK ΑZ AR INTEREST IN \$10,350,000 8 X ÇA B X Ø RENLESTATE CO СT DE DC FL GA н ID IL IN IA KS ΚY LA ME MD MA MI MN MS

### **APPENDIX** 4 2 3 1 Disqualification under State ULOE Type of security (if yes, attach Intend to sell and aggregate offering price explanation of Type of investor and to non-accredited amount purchased in State waiver granted) offered in state investors in State (Part E-Item 1) (Part C-Item 1) (Part C-Item 2) (Part B-Item 1) Number of Number of Non-Accredited Accredited No Investors Amount Investors Amount Yes No State Yes MO ΜT NE NV NH NJ NM NY NC ND ОН ΟK OR PA RΙ SCSD TN $\mathsf{TX}$ UT VT VA WA W٧ WI

	APPENDIX										
ı		2	3		4						
	to non-a	to sell accredited as in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				lification ate ULOE , attach ation of granted) -Item 1)		
State	Yes	No		Number of Accredited Investors Amount Investors Amount				Yes	No		
WY											
PR											

